



**TOWN OF STOW, MASSACHUSETTS**

**CRIMINAL OFFENDER RECORD INFORMATION (CORI)  
ACKNOWLEDGEMENT FORM**

TO BE USED BY ORGANIZATIONS CONDUCTING CORI CHECKS FOR  
EMPLOYMENT, VOLUNTEER, SUBCONTRACTOR, and LICENSING PURPOSES.

The Town of Stow is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the Mass Department of Criminal Justice Information Systems (DCJIS). I hereby acknowledge and provide permission to the Town of Stow to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing the Town of Stow written notice of my intent to withdraw consent to a CORI check.

**FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:**

The Town of Stow may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that the Town of Stow must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

5/30/2012

SUBJECT INFORMATION:

Asterisk (\*) is required information

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*Last Name	*First Name	Middle Name	Suffix
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Maiden Name (or other name(s) by which you have been known)

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*Date of Birth	Place of Birth
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\*Last Six Digits of Your Social Security Number: \_\_\_\_\_ - \_\_\_\_\_

Sex: \_\_\_\_\_ Height: \_\_\_\_ ft. \_\_\_\_ in. Eye Color: \_\_\_\_\_ Race: \_\_\_\_\_

Driver's License or ID Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

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Mother's Full Maiden Name	Father's Full Name
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Current and Former Addresses

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Street Number & Name	City/Town	State	Zip
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Street Number & Name	City/Town	State	Zip
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FOR OFFICIAL USE ONLY. DO NOT WRITE BELOW THIS LINE

The information was verified with the following form of government issued photographic identification:

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*(ATTACH COPY)*

Verified by: \_\_\_\_\_  
Name of Verifying Employee (Please Print)

\_\_\_\_\_  
Signature of Verifying Employee

5/30/2012